

## Follow these 4 steps to follow-up on a child with an elevated blood lead level (EBLL)

### STEP 1. Provider and Patient Information

|                                                           |                 |                                                                                                                                        |                     |        |
|-----------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------|
| <b>Provider Information</b> <i>(Please print clearly)</i> |                 |                                                                                                                                        |                     |        |
| Provider's Name                                           |                 |                                                                                                                                        | Clinic Name         |        |
| Mailing Address                                           | City            | State                                                                                                                                  | Zip                 | County |
| ( )                                                       | ( )             |                                                                                                                                        |                     |        |
| Telephone                                                 | Fax             | Date                                                                                                                                   |                     |        |
| <b>Patient Information</b> <i>(Please print clearly)</i>  |                 |                                                                                                                                        |                     |        |
| Child's Last Name                                         |                 | First Name                                                                                                                             | M.I.                |        |
| / /                                                       |                 |                                                                                                                                        |                     |        |
| Date of Birth (mm/dd/yyyy)                                | Medicaid Number | <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____<br>Language Spoken (check one) |                     |        |
|                                                           |                 | ( )                                                                                                                                    | ( )                 |        |
| Parent/Guardian's Name                                    |                 | Telephone                                                                                                                              | Alternate Telephone |        |
|                                                           |                 |                                                                                                                                        |                     |        |
| Physical Address/ Apt. #                                  |                 | City                                                                                                                                   | State               | Zip    |

### STEP 2. Child's Blood Lead Test Results

| List sample type<br>(Capillary or Venous) | Results<br>(µg/dL) | Date<br>(mm/dd/yy) | Laboratory, Address, City, State<br>(where analysis conducted) |
|-------------------------------------------|--------------------|--------------------|----------------------------------------------------------------|
|                                           |                    |                    |                                                                |
|                                           |                    |                    |                                                                |

### STEP 3. Complete Questions Below

- Is the child continuing in your care? ☐ Yes ☐ No
- Have you documented sending reminder letters or calling for follow-up? ☐ Yes ☐ No
- Is the child lost to follow-up because they have moved? ☐ Yes ☐ No  
If yes, have you made a referral to Texas Health Steps/Maximus? ☐ Yes ☐ No
- Is the child lost to follow-up because the parent/guardian is non-compliant? ☐ Yes ☐ No  
If yes, have you made a referral to Case Management for Children and Pregnant Woman (CPW)? ☐ Yes ☐ No
- Has the child been referred to another healthcare provider? ☐ Yes ☐ No  
If yes, New Physician and Clinic: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
- Does the child meet the requirements below for an Environmental Lead Investigation:
  - The child's **VENOUS** blood lead test result is 20 µg/dL and higher ☐ Yes ☐ No
  - Two separate **VENOUS** blood lead level tests collected at lead 12 weeks apart in the 10-19 µg/dL range. ☐ Yes ☐ No  
If yes, has an ELI been arranged or conducted? ☐ Yes ☐ No
- If patient is **younger** than 3 years old, have you made a referral to Early Childhood Intervention Services? ☐ Yes ☐ No

**Step 4. Fax completed form with all laboratory blood lead tests results to:**  
 Texas Childhood Lead Poisoning Prevention Program, Fax: 512-776-7699